FILED
Jun 09, 2008 8:00 am
Secretary of State

05-02-2008 90139 004 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000093131

1. Entity Name
DAVE'S CLEANING, INC.

Principal Place of Business	Mailing Address
75 LAGUNA FOREST TRAIL PALM COAST, FL 32164	75 LAGUNA FOREST TRAIL PALM COAST, FL 32164

05012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
DAVE'S CLEANING INC		DAVE'S Cleaning INC	
Suite, Apt. #, etc. 14 SQUASH BLOSSOM TR.		Suite, Apt. #, etc. 14 SQUASH Blossom TR.	
City & State PALM COAST FL.		City & State PALM COAST FL	
Zip 32164	Country Flager	Zip 32164	Country Flager

4. FEI Number 20-5182090 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELANGER, DAVE
75 LAGUNA FOREST TRAIL
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name: DAVE'S Cleaning inc
Street Address (P.O. Box Number is Not Acceptable): 14 SQUASH Blossom Trail
City: PALM Coast FL Zip Code: 32164

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELANGER, DAVE 75 LAGUNA FOREST TRAIL PALM COAST, FL 32164	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVE'S Cleaning INC DAVID Belanger 14 SQUASH Blossom TR. PALM Coast, FL 32164	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David M Belanger 5-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #